

Non Medicare Retiree**Mecklenburg County 2019 Open Enrollment Benefit Form**Check one: ☐ Initial 2019 Open Enrollment Form or ☐ Change to already submitted 2019 Form

Your Name: _____ Your ID #: _____

Home Address: _____ *If this is a recent address change, check here:* _____

Date of Birth: _____

Phone Number: _____ ☐ Married ☐ Single ☐ Divorced ☐ Leg Sep**Check Marital Status**

Email Address _____

Check Sex: ☐ male ☐ female Years of Service: _____ Department: _____**Benefits Election - Medical Plans (Select One Plan and one Option Under the Plan you elect for 2019):****Check ONE Plan****For Non Medicare Retirees**☐ **WAIVE COVERAGE****PPO****Option****Retiree's Monthly Cost****10-19 Yrs. 20+ Years**

	Retiree Only	\$417.62	\$0.00
	Retiree/Child(ren)	\$703.82	\$286.20
	Retiree/Spouse	\$788.00	\$370.38
	Retiree/Family	\$1,006.87	\$589.25
	Retiree/Medicare Child/ren	\$688.19	\$270.57
	Retiree/Medicare spouse	\$699.27	\$281.65
	Retiree/Medicare Family	\$982.66	\$565.05

Medicare Dependents of NON Medicare Eligible Retirees will be enrolled in the Cigna Medicare Supplement**HSA****Option****Retiree's Monthly Cost****10-19 Yrs. 20+ Years**

	Retiree Only	\$410.33	\$0.00
	Retiree/Child(ren)	\$621.11	\$210.78
	Retiree/Spouse	\$683.11	\$272.78
	Retiree/Family	\$844.30	\$433.97
	Retiree/Medicare Child/ren	\$605.75	\$195.42
	Retiree/Medicare spouse	\$595.92	\$185.59
	Retiree/Medicare Family	\$820.52	\$410.19

Medicare Dependents of NON Medicare Eligible Retirees will be enrolled in the Cigna Medicare Supplement*** Dependent Information for family members to be covered by the Medical Plan elected above*:**

Name CIRCLE if Medicare Eligible

Sex

Soc. Sec. # required

Date of Birth

Spouse				
Child				
Child				

Complete another form to add more dependents

**** Note: Spouse is person to whom you are legally married.**

***If a Non Medicare Retiree has a Medicare eligible dependent to be covered, the Medicare eligible dependent will be enrolled in the CIGNA Medicare Supplement Plan under his/her own ID # and will receive his/her own ID card.
Please read important dependent and Family Status Change Information on back of this form

Retiree: Please read and sign/date:

I have completed this Election Form accurately and have read, understand, and agree to the information contained on both pages of this form (front and back)

Retiree's Signature (required)

Date: (required)

Family Status Changes

Benefit elections cannot be changed during the Plan Year with the exception of certain changes (marriage/divorce, birth/adoption, loss of other group coverage).

For such exceptions, a Change Form must be submitted to the Employee Services Center within 31 days of the event. Failure to make this change within 31 days of the event will affect benefits and/or premiums paid or required. Refunds of premiums paid on non eligible dependents or dropped family members will not be given if a Change Form is not submitted to the Employee Service Center within 31 days of the event.

The retiree verifies the information on this form is accurate and understands that failure to provide complete, accurate, and timely information may affect his/her benefits and those of eligible family members.

Dependent Eligibility and Requirements

- * A spouse is the person to whom you are legally married.
- * You may cover a biological or adopted child up to age 26
- * Stepchildren are eligible
- * Proof of relationship for your dependents will be required through a dependent verification process.

To request a mid-year change form or if you have questions, contact Employees Services Center
704/432-6947 toll free: 1/866-912-6947

Employee Services Center
Mecklenburg County Human Resources
700 E. Fourth Street, Charlotte NC 28202
Helpdesk.myHR@mecklenburgcountync.gov

Payments are deducted from your monthly retirement check for the following month's coverage*.

**Mecklenburg County retirees only*